

## STANDARD CERTIFICATE OF DEATH

State File No. 2632-172

Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2632-172	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis, Mo., 2189			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo., 48 yrs		c. LENGTH OF STAY (in this place) 48 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 18 2927 Rutger			
3. NAME OF DECEASED (Type or Print) Hattie		a. (First)		b. (Middle)		c. (Last) Jackson	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1950							
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) abt 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nashville, Tenn. /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Terry		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Theora Smith		ADDRESS 2927a Rutger St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis and Thrombosis 13 days INTERVAL BETWEEN ONSET AND DEATH 13 days			
20. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Senility and Generalized Arteriosclerosis DUE TO (c) clerosis				21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 333X (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-21, 19 49, to 1-3, 19 50, that I last saw the deceased alive on 1-3, 19 50, and that death occurred at 6:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James H. Hedrick, M.D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-4-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/9/50		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JAN 7 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry,		ADDRESS 4202 Finney Av	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Leroy W. Jannister*

Licensed Embalmer No. ....

*4523*

P. O. Address.....

*3850 Epton Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.